

| POSITION                         | INITIALS   | ID NO. | DATE    |
|----------------------------------|------------|--------|---------|
| <b>FEE DETERMINATION</b>         |            |        |         |
| <b>O.I.P.E. CLASSIFIER</b>       |            | 49     | 3/1/01  |
| <b>FORMALITY REVIEW</b>          | yer        | 1030   | 3-12-01 |
| <b>RESPONSE FORMALITY REVIEW</b> | yer<br>825 | 825    | 6/20/01 |

**INDEX OF CLAIMS**

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      0 ..... Objected

| Claim | Date     |
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| Final | Original |
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| Claim | Date     |
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If more than 150 claims or 10 actions  
staple additional sheet here

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